MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

[redacted] STATE FILE NUMBER 63-052609

Registration District No. 128 Primary Registration District No. 200d Registrar's No. 1259

FILED SEP 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 12 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE California b. COUNTY Napa
c. CITY OR TOWN Napa
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1537 Hemlock
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BARRY Middle GENE Last WALKER

4. DATE OF DEATH: Month Day Year: Sept. 10, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-4-49

9. AGE (last birthday): 13
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Ft. Riley, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Cecil Walker

13b. MOTHER'S MAIDEN NAME: Imogene Pruett

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Imogene Walker, Napa, California

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEAD INJURY DUE TO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) AUTO ACCIDENT (DEPRESSED
DUE TO (c) FRACTURE OF SKULL)
INTERVAL BETWEEN ONSET AND DEATH: 12 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-29-63 to 9-10-63 and last saw him alive on 9-10-63
Death occurred at 6 45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. N. Allen M D

22b. ADDRESS Springfield Mo

22c. DATE SIGNED 9-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-12-1963

23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery

23d. LOCATION (City, town, or county) (State) Cedar County, Mo.

24. FUNERAL DIRECTOR ADDRESS Bantlow Fun. Home, Stockton Mo.

25. DATE RECD. BY LOCAL REG. 9-13-63

26. REGISTRAR'S SIGNATURE Bernice Medley (acting)

(Licensed Embalmer's Statement on Reverse Side)

9-10-63

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Carlton

Licensed Embalmer No. 4387

P. O. Address Stockton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.